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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

Braginsky

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Exterior Stent and its Use

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below												
<p>Sidney Braginsky</p> <p>Name</p> <p>6 Stonywell Ct</p> <p>Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Dix Hills</td> <td>NY</td> <td>11746</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td>USA</td> <td>Telephone</td> <td>Fax</td> </tr> <tr> <td>Country</td> <td></td> <td></td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				Dix Hills	NY	11746	City	State	ZIP	USA	Telephone	Fax	Country		
Dix Hills	NY	11746													
City	State	ZIP													
USA	Telephone	Fax													
Country															
<p>NAME OF SOLE OR FIRST INVENTOR : <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Given Name (first and middle [if any])</td> <td colspan="2">Family Name or Surname</td> </tr> <tr> <td colspan="2">Inventor's Signature</td> <td colspan="2">Date</td> </tr> <tr> <td>Residence: City</td> <td>State</td> <td>Country</td> <td>Citizenship</td> </tr> </table>				Given Name (first and middle [if any])		Family Name or Surname		Inventor's Signature		Date		Residence: City	State	Country	Citizenship
Given Name (first and middle [if any])		Family Name or Surname													
Inventor's Signature		Date													
Residence: City	State	Country	Citizenship												
<p>Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>City</td> <td>State</td> <td>ZIP</td> <td>Country</td> </tr> </table>				City	State	ZIP	Country								
City	State	ZIP	Country												
<p>NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Given Name (first and middle [if any])</td> <td colspan="2">Family Name or Surname</td> </tr> <tr> <td colspan="2">Inventor's Signature</td> <td colspan="2">Date</td> </tr> <tr> <td>Residence: City</td> <td>State</td> <td>Country</td> <td>Citizenship</td> </tr> </table>				Given Name (first and middle [if any])		Family Name or Surname		Inventor's Signature		Date		Residence: City	State	Country	Citizenship
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City	State	ZIP	Country												
<p><input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>															

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _____ of _____**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Sidney		Family Name or Surname Braginsky	
Inventor's Signature		Date	
Residence: City Dix Hills	State NY	Country USA	Citizenship USA
6 Stonywell Ct. Mailing Address			
Mailing Address			
City Dix Hills	NY State	11746 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Russ A.		Family Name or Surname Houser	
Inventor's Signature		Date	
Residence: City Livermore	State CA	Country USA	Citizenship USA
1787 Verdite Street Mailing Address			
Mailing Address			
Livermore	CA State	94550 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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